

**STATE OF HAWAII
CAMPAIGN SPENDING COMMISSION**

**ORGANIZATIONAL REPORT
NONCANDIDATE COMMITTEE**

FOR OFFICE USE ONLY	
REG. NO.	_____
DATE	_____

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS ON THE BACK)

1. NONCANDIDATE COMMITTEE:

(a) Committee Name: _____

(b) Mailing Address: _____

(c) Phone: _____

2. Date that the Committee was Organized: _____

3. Is this a Political Party? ☐ Yes ☐ No

4. Sponsored by: _____

5. Please specify the area, scope, or jurisdiction of this Committee:
(Refer to Form NC-2) _____

6. THIS REPORT IS FILED FOR THE FOLLOWING PURPOSE:

(Check One Box)

(a) ☐ Registration of New Committee

(b) ☐ Amended

An amended report is due 10 days after a change is brought to the attention of the noncandidate committee.

7. COMMITTEE DEPOSITORY (Bank):

(a) Depository Name: _____

(b) Address: _____

DESIGNATED OFFICERS:

8. CHAIRPERSON (Required)

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

(f) I hereby accept this appointment as Chairperson.

Sign & Date _____

9. TREASURER (Required)

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

(f) I hereby accept this appointment as Treasurer.

Sign & Date _____

10. OTHER OFFICER

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

11. OTHER OFFICER

(a) Full Name: _____

(b) Mailing Address: _____

(c) Phone: (Bus) _____ (Res) _____

(d) Occupation: _____

(e) Principal Place of Business: _____

12. SPECIFIC BALLOT QUESTION(S) OR ISSUE(S) SUPPORTING OR OPPOSING:

Brief Description:

13. CANDIDATE WHOM COMMITTEE IS SUPPORTING OR OPPOSING:

(a) ☐ Single Candidate/Name: _____

(b) ☐ Multi-Candidate _____

14. CUSTODIAN OF BOOKS AND ACCOUNTS (Required)

(a) Full Name: _____

(c) Phone: (Bus) _____ (Res) _____

(b) Mailing Address: _____

(d) Occupation: _____

(e) Principal Place of Business: _____

I hereby certify that the information on this report is true, correct and complete to the best of my knowledge.

Committee Chairperson Signature

Date

Treasurer Signature

Date

INSTRUCTIONS FOR COMPLETING THE ORGANIZATIONAL REPORT

Pursuant to Section 11-194(a), Hawaii Revised Statutes ("HRS"), each committee shall register by filing an Organizational Report with the Commission within ten days from the date a noncandidate committee receives any contributions or makes any expenditures, the aggregate amount of which is more than \$1,000. The Organizational Report shall contain the following information as prescribed in Section 11-196.5(a), HRS:

Line 1 (a)-Enter the Committee's full name, which may not include the name of a candidate.

Line 1 (b)-Enter the Committee's mailing address. Include city, state and zipcode.

Line 1 (c)-Enter the Committee's telephone number.

Line 2-Enter the date that the Committee was organized.

Line 3-Specify whether the Committee is a Political Party.

Line 4-Enter the name of the corporation or organization that is sponsoring the Committee.

Line 5-Select the appropriate area, scope, or jurisdiction of the Committee from Form NC-2. Select no more than three (3).

Line 6 (a)-Check this box to indicate that the Committee is registering as a new Committee.

Line 6 (b)-Check this box to indicate that the Committee is amending a previously filed Organizational Report.

Line 7 (a)-Enter the Depositories (Bank) full name.

Line 7 (b)-Enter the Depositories mailing address. Include city, state and zipcode.

Line 8 (a)-Enter the Chairperson's full name.

Line 8 (b)-Enter the Chairperson's mailing address. Include city, state and zipcode.

Line 8 (c)-Enter the Chairperson's business and residence telephone number.

Line 8 (d)-Enter the Chairperson's occupation.

Line 8 (e)-Enter the Chairperson's principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)

Line 8 (f)-Chairperson certifies to accept the appointment as the Chairperson of the Committee.

Line 9 (a)-Enter the Treasurer's full name.

Line 9 (b)-Enter the Treasurer's mailing address. Include city, state and zipcode.

Line 9 (c)-Enter the Treasurer's business and residence telephone number.

Line 9 (d)-Enter the Treasurer's occupation.

Line 9 (e)-Enter the Treasurer's principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)

Line 9 (f)-Treasurer certifies to accept the appointment as the Treasurer of the Committee.

Line 10 (a)-Enter the Other Officer's full name.

Line 10 (b)-Enter the Other Officer's mailing address. Include city, state and zipcode.

Line 10 (c)-Enter the Other Officer's business and residence telephone number.

Line 10 (d)-Enter the Other Officer's occupation.

Line 10 (e)-Enter the Other Officer's principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)

Line 11 (a)-Enter the Other Officer's full name.

Line 11 (b)-Enter the Other Officer's mailing address. Include city, state and zipcode.

Line 11 (c)-Enter the Other Officer's business and residence telephone number.

Line 11 (d)-Enter the Other Officer's occupation.

Line 11 (e)-Enter the Other Officer's principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)

Line 12-Enter a brief description of the specific ballot question(s) or issue(s) that the Committee is supporting or opposing.

Line 13 (a)-Check this box and provide the name of the candidate if the Committee is supporting or opposing a single candidate.

Line 13 (b)-Check this box if the Committee is supporting or opposing more than a single candidate. (Committee is not required to provide names if supporting or opposing more than a single candidate.)

Line 14 (a)-Enter the Custodian of Books and Accounts full name.

Line 14 (b)-Enter the Custodian of Books and Accounts mailing address. Include city, state and zipcode.

Line 14 (c)-Enter the Custodian of Books and Accounts business and residence telephone number.

Line 14 (d)-Enter the Custodian of Books and Accounts occupation.

Line 14 (e)-Enter the Custodian of Books and Accounts principal place of business. (i.e. Honolulu, HI; Washington, D.C.; Los Angeles, CA)